

The role of Social Mobilisation in increasing Immunisation Coverage in South Africa



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Introduction

- **Social mobilisation can only be achieved through effective communication and active community participation**
- **Develop communication strategies that address specific problems or issues that have been identified in the community**

A stylized illustration of a hand holding a pencil, positioned at the top left of the slide. The hand is pink and grey, and the pencil is grey with a pink eraser. The background is light blue with abstract, swirling lines in green, blue, and grey.

Why social mobilisation?

- **Social Mobilisation is the process of using communication to engage society/communities to contribute their resources towards a common goal**
- **Social Mobilisation is bringing together all feasible intersectoral social partners and allies to identify needs and raise awareness of, and demand for a particular development**



Objectives

- To create public awareness about the Expanded Programme on Immunisation in South Africa (EPIISA)
- To educate parents, caregivers and members of the public on importance of childhood immunisation
- To prevent missed opportunities
 - Increase community ownership and participation in EPIISA activities
 - Stimulate networking for EPI



Immunisation coverage phases



**Routine
Immunisation**

Campaign

Surveillance



Strategies to improve and sustain high Immunisation coverage

- **Implement the RED Approach**
- **Develop micro plans at Health facility and District levels - consolidate at Provincial level**
- **Have defaulter tracking systems in place to reduce immunisation drop out rates**
- **Avoid missed opportunities**
- **Conduct door-to-door social mobilisation if there is poor/low immunisation coverage**
- **Rapid response to rumours**



Social mobilisation activities

- 1. Conduct a need assessment/situational analysis**
- 2. Identify target audience**
- 3. Using the results of assessment, develop a social mobilisation plan. Include strategies for hard to reach areas and hard to convince (the elite & religious groups)**
- 4. Compile a community/ facility map**
- 5. Implement the communication plan, monitor and report all awareness activities to the provincial EPI coordinator – National Office**



1. Situational analysis

- **Current situation: knowledge levels, attitudes, behavioural trends**
- **Market segmentation: target group, priority market segments, e.g. rural/urban**
- **SWOT analysis**
- **Convenience: accessibility and availability**
- **Communication situation: what media/channels are most popular and most essential**



2. Target market

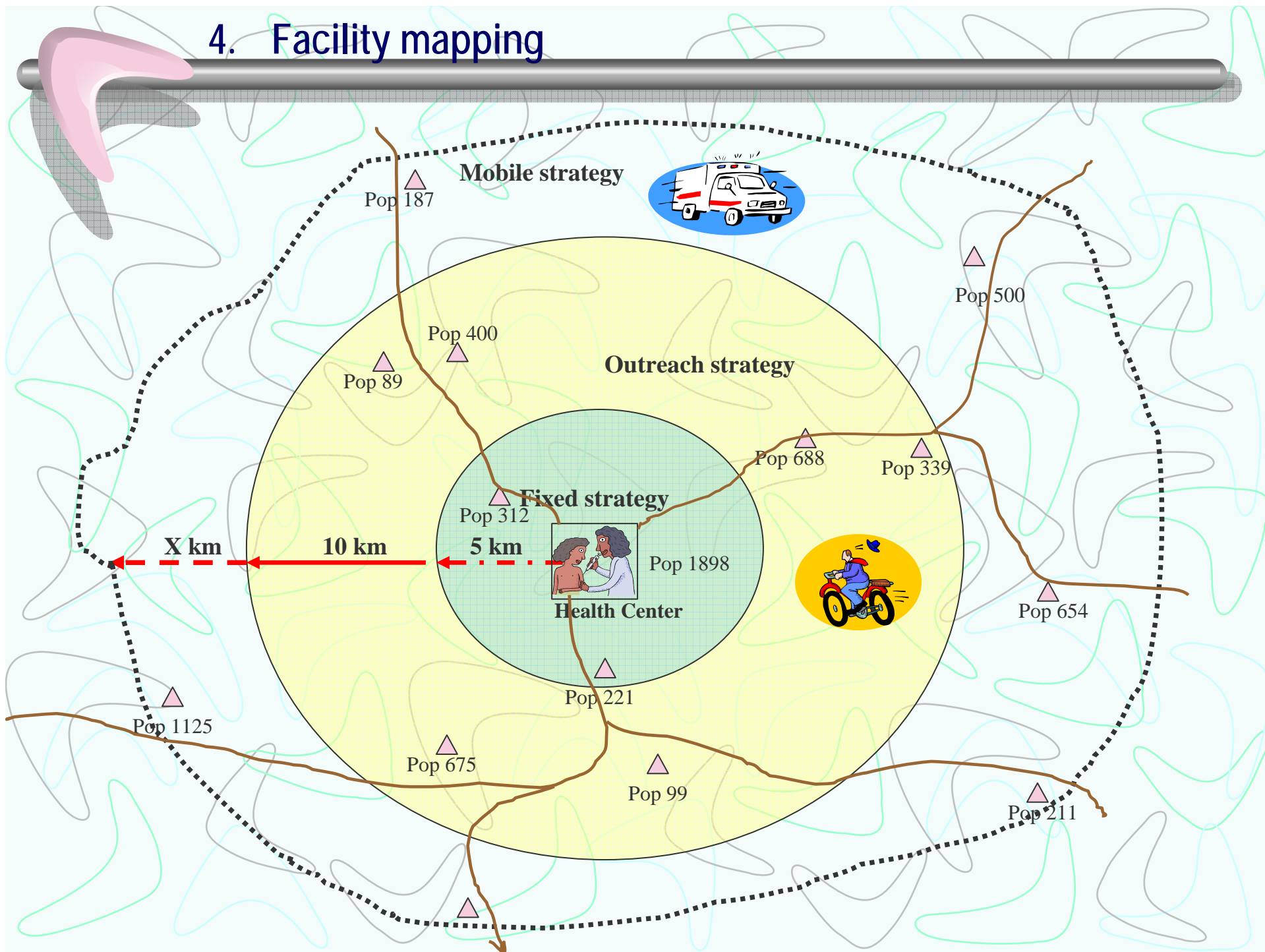
- **Private /Public Health care workers**
- **Other Departments – SAMDF, Education, etc.**
- **Parents/Caregivers/ Communities/Public**
- **Anti-immunisation lobbyists**
- **Political/Traditional/Community leaders**
- **Traditional health practitioners/Influential people**
- **Private Sector/NGOs/CBOs**
- **Schools/Churches**
- **Vaccine companies – Sanofi Pasteur, BIOVAC & GSK**
- **Partners – WHO/UNICEF/ ROTARY/ SAVIC/Medical and Nursing Schools**
- **Media**



3. Social Mobilisation Plan

- Objectives
- Target audience
- Activities
- Messages
- Indicators
- Channels of communication
- Time frame
- Budget

4. Facility mapping





The role of Social Mobilisers and Health Promoters

- Participate in the planning and implementation of communication activities
- Work with leaders and health workers in local areas to create awareness of childhood immunisation
- Remind caregivers to complete routine immunisation doses
- Monitor and report all awareness activities
- Encourage the community members to report all suspected cases of Measles (SMC), Neonatal Tetanus (NNT), Acute Flaccid Paralysis (AFP) and Adverse Events Following Immunisation (AEFI) cases



Challenges

- High turnover of trained personnel
- Fluctuating district immunisation coverage
- Inadequate, late and incomplete data complicates monitoring of actual progress
- Lack of supportive supervision
- Documenting & disseminating social mobilisation for surveillance
- Providing feedback to community
- Building public confidence in childhood immunisation programme

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Recommendations

- Communities should be involved in the micro planning right from the beginning, and feedback meetings for giving progress and recognizing people's contribution should be held to promote ownership
- If there has been bad news/rumour deal with it – if you don't the media will



Conclusion

- Social mobilisation is most effective when health workers and community members do something to help meet the goal
- Increase mutual understanding about childhood immunisation between all parties concerned
- No social mobilisation effort is successful if promises are not kept, particularly the promises made on behalf of the government

A hand holding a pencil, positioned at the top left of the slide, with the pencil extending horizontally across the top.

Thank you

Go RED 'Reach Every District'

AND

Get REC "Reaching Every Child"